Engine Operator Workshop Nomination Form

Note: Only $\underline{COMPLETED}$ and $\underline{LEGIBLE}$ forms will be accepted!

*Nominee's Name:			
*Course Number(s) & Name(s): ENOP PMS 419		Course Location: Camp Williams, 17800 S. Camp Williams Road, Bluffdale, UT 84065	
*Agency & Mailing Address: (Include district office name. Enter the address you want the pre-work mailed to if different than agency):		Training Officer's name, phone number and email address:	
Working Job Title:		*IQCS # (Federal Employees Only):	
*Work or Cell Phone:		*Supervisor's Name:	
*Fax Number		*Supervisor's Phone:	
*E-mail Address:		*Supervisor's E-mail:	
Do you meet all course prerequisites? Yes / No List your past experience <u>pertinent</u> to the course(s).		List training completed and dates <u>pertinent</u> to the course(s).	
		MENT out completion of the attached payment form.	
Tuition: \$385.00 (All Students)		Total \$	
Upon submission of this form May 1st, 2016.	n, you agree that you will	be charged for the course if you do not cancel by	
Nominee's Signature:		Supervisor's Signature:	
Contact Information		Please make a copy of this form for your records.	
Cherie Ausgotharp Utah Engine Workshop 200 S. 440 W., Suite 500 Salt Lake City, UT 84101	Phone: (801) 539-4130 Fax: (801) 539-4097 or (801) 539-4198 E-Mail: causgoth@blm.go	 Only complete nominations will be accepted. Payment must accompany nomination. Use attached credit card form. This form must be E-mailed to Cherie Ausgotharp 	
Federal Agency Nomination Form		Office Use Only □ PW □ Letter □ □ IQCS □ □ Name Tag □ □ Cancelled □ Tent Card □ □ Refund □ Certificate □	